Please type	a plus	sign (+)	inside this	box	\rightarrow	+
-------------	--------	----------	-------------	-----	---------------	---

PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 ČFR 1.16 (e))
required)

Attorney Docket Nun	nber	ID01065Q					
First Named Inventor	<u>- </u>	Briegs et al.					
COMPLETE IF KNOWN							
Application Number		/					
Filing Date	Sept	ember 6, 2000					
Group Art Unit							
Examiner Name							

As a below named inventor, I her	As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
CLINICAL TRIAL MAN									
the specification of which is attached hereto	(Title	e of the Invention)							
OR was filed on (MM/DD/YYYY)		as Unite	ed States Applica	tion Number or PCT International					
Application Number	and wa	as amended on (MM/DD/Y	YYY)	(if applicable).					
I hereby state that I have reviewed a amended by any amendment specifi	and understand the	contents of the above ider	tified specificatio	n, including the claims, as					
I acknowledge the duty to disclose in	•		defined in 37 CF	R 1.56.					
		`	<u></u> -	· · · · · · · · · · · · · · · · · · ·					
I hereby claim foreign priority benefit certificate, or 365(a) of any PCT inte America, listed below and have also it or of any PCT international application	dentified below, by	checking the box, any fore	ion application fo	r patent or inventor's certificate.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
			0000	0000					
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filing Date	(MM/DD/YYYY)							
60/153,344	September 10), 1999	numbe supple	onal provisional application ers are listed on a emental priority data sheet BB/02B attached hereto.					

[Page 1 of 2]

CERTIF	ICATE OF MAILING
I hereby certify that this correspondence is being denvelope addressed to: Assistant Commissioner fo	eposited with the United States Postal Service <u>as first class mail in</u> r Patents, Washington, D.C. 20231 on this date:
Typed or printed name	
Signature	Date

Express Mail L	abel No.	EL226882935US	
	Date	Sept. 6, 2000	

Please		٠.				incido	thio	hav	_	+	
Please	type	aş	DIUS	sign	(+)	Inside	ពេរន	DOX	_	ت	

PTO/SB/01 (12-97)
as sign (+) inside this box + + Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

					_									
United States of United States of information who	of Americ or PCT in och is ma	it under 35 U.S.(a, listed below a ternational applic terial to patental international filin	and, inso cation in bility as	ofar as the ma defined	the sub nner pro I in 37 C	ect matte ovided by to FR 1.56 w	r of ea he first	ch of th	ie clai iph of	ims of this	s applici 2. 112. i	ation is acknov	: not disclosed vledge the dutv	in the prior to disclose
U.	S. Pare	nt Applicati Numb		PCT	Parent	t		rent F					ent Patent N (if applicab	
														•
☐ Additional	U.S. or F	CT international	applica	tion nur	nbers ar	e listed on	a sup	plement	al pric	rity data	sheet P1	ro/SB/	02B attached h	ereto.
		ereby appoint the		ng regi:	stered p	ractitioner(s) to p	rosecute	this	applicatio	n and to	transa		
and Trademark	Office co	nnected therewi	th:	Custor OR	ner Num	ber					→	•	Place Custo Number Bar	
			X		ered pra	ctitioner(s)	name	/registra	tion n	umber lis	ted belo	<u> </u>	Label he	re
	Nam	•				tration nber				Nam	0			stration mber
	114777				1991	IIIVVI				-			.,,,,	
Donald W.	Waytt			408′	79									
Additional (egistered	f practitioner(s) r	named o	n supp	lementa	l Registere	d Prac	titione <u>r</u> I	nforn	nation she	et PTO/	SB/020	attached here	eto.
Direct all corr	esponde	_	Custom or Bar (2426	5		OR	X c	тевр	ondence add	ress below
Name	Dona	ld W. Wyatt												• • • • • • • • • • • • • • • • • • • •
Address	Paten	t Dept. K-6-	1, 199	0										
Address	2000	Galloping H	Iill Ro	ad										
City	Kenil	worth					S	tate	NJ		ZIP	070	33-0530	
Country	USA			Te	elephoi	ne (908	3) 29	8-2902	2		Fax	(908) 298-5388		
believed to be punishable by	true; and fine or in	I statements ma I further that the aprisonment, or t issued thereon.	ese stat both, u	ements	were n	nade with	the kn	owiedge	that	willful fal	se state	ments	and the like s	o made are
Name of So	ole or F	irst Invento	r:					A petiti	on h	as been	filed fo	r this u	ınsigned inve	ntor
Gi	ven Nar	ne (first and m	iddle (i	any])						Family	Name	or Su	mame	
Karen L.							Br	iegs						
Inventor's Signature					,								Date	
Residence: (City	Neshanic S	tation		State	NJ		Country	l	J.S.A.			Citizenship	U.S.A.
Post Office A	ddress	5 Sweney C	Court		<u>-</u>									
Post Office A	ddress													
City	Nesha	nic Station	State	NJ		ZIF	0	8853			Cou	ntry	U.S.A.	
⊠ Additional	invento	rs are being n	amed c	n the	1 su	pplement	tal Ad	ditional	Inve	entor(s) s	heet(s)	PTO/	SB/02A attac	hed heret

Please type a plus sign (+) Inside this box ->	Г . П	
Please type a plus sign (+) inside this box ->	+	

PTO/SB/02A (3-97)

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____

Name of Additional Joint Inventor, if any:										entor
Given Nar	Given Name (first and middle [if any]) Family Name or Sumame									
David	Detoro									
Inventor's Signature								Date	е	
Residence: City	Lebanon	State	NJ		Country	U.S.A.		Citizen	ship (J.S.A.
Post Office Address	171 Cokesbury Road									
Post Office Address										
City	Lebanon	State	NJ		ZIP (08833	Count	ry U.	S.A.	
Name of Addition	nal Joint Inventor, if any	<u>/:</u>			A petitio	on has been file	d for t	his unsig	gned inv	rentor
Given Nar	me (first and middle [if any])			\Box		Family Nar	ne or	Sumam	0	
Andrew	Keim									
Inventor's Signature		Date								
Residence: City	East Windsor	State	NJ		Country	U.S.A.		Citiz	enship	U.S.A.
Post Office Address	50 Pemberton Lane									
Post Office Address										
City	East Windsor	State	NJ		ZIP	08520	Cou	intry	U.S.A.	
Name of Addition	nal Joint Inventor, if any	y:]			A petition	on has been file	d for t	his unsi	gned in	ventor
Given Na	me (first and middle [if any])					Family Na	me or	Surnam	е	
Jean-Louis				Sail	lot					
inventor's Signature									Date	
Residence: City	Berkeley Heights	State	NJ		Country	U.S.A.		Citiz	enship	France
Post Office Address	130 North Road									
Post Office Address									- ₁	
City	Berkelev Heights	State	NJ		ZIP	07922		Country	U.S.	Α.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -> +

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Margaret M. Albanese	45525	Allan N. Kutzenco	38945
Edwin P. Ching	34090	Susan Lee	30653
Nancy V. Connelly	46638	Anita W. Magatti	29825
Eric S. Dicker	31699	Arthur Mann	35598
Robert A. Franks	28605	Christine F. Martin	39762
James M. Gould	33702	Edward H. Mazer	27573
Richard J. Grochala	31518	Richard B. Murphy	35296
Henry S. Hadad	35888	James R. Nelson	27929
Thomas D. Hoffman	28221	David B. Schram	43096
Henry C. Jeanette	30856	Immac J. Thampoe	36322
Palaiyur S. Kalyanaraman	34634	Paul A. Thompson	35385
Gerald P. Keleher	43707	Donald W. Wyatt	40879
Gabriel P. Kralik	34855	Sandy Zaradic	45997
·			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

